



310 Board Plan

Northwest Alabama Mental Health Center

2010 - 2011

310 Board Plan

Name of 310 Board: Northwest Alabama Mental Health Center

Counties Served: Fayette, Lamar, Marion, Walker and Winston

Populations Served: Mentally Ill, Intellectually Disabled, Substance Abuse
General Population (Adult and Children)

Vision Statement and Beliefs

MISSION STATEMENT

“Enriching Lives through Quality Care”

The Board of Directors of the Northwest Alabama Mental Health Center (NWAMHC, Northwest), in response to needs presented by clients, families, advisory boards, other agencies and governmental institutions, have committed the Center, its staff and resources, to the mission of providing a comprehensive, effective continuum of care. This continuum of care would address the needs of individuals, groups, and families and actively seek to assist in improving their lives. Our commitment to this mission is spelled out as follow:

To provide accessible cost-effective, high quality and goal-oriented outcome based oriented mental health services to the people of Fayette, Lamar, Marion, Walker and Winston Counties.

To provide accessible and appropriate services to persons and/or families with problems that relate to psychiatric, habilitation, rehabilitation, or counseling needs and interventions.

To prioritize services to those who suffer from severe mental illnesses, children who experience severe emotional disturbances, individuals who suffer from mental retardation, individuals who seek recovery or are recovering from addictions to alcohol/drugs. These mental health services would assist in clients bettering the quality of their lives, and to the general populations as resources allow.

To base services on attaining the highest level of independent living and functioning in the least restrictive environment.

To guarantee quality through utilization of a program of continuous improvement.

To assist all staff in functioning as professionally capable and responsive care givers to insure effective response to client needs for as long as requested.

To work and grow in a caring partnership with the community and to be recognized as the leader in providing the highest quality of mental health services.

To conduct all our activities in the highest ethical and professional manner; by attracting and retaining honest, qualified, courteous, dependable and productive employees; by offering opportunities for personal and professional growth; and by creating a safe, clean, therapeutic, cheerful environment with a caring atmosphere of mutual trust and respect.

VISION

To be a model community services system known for its integrity, professionalism, and uncompromising commitment to our clients. To be the service provider of choice in the delivery of valued community services and adapting to the changing needs of our clients.

BELIEFS

We value and believe in:

- Being compassionate, understanding and responsive to the opinions and needs of our clients
- Exceeding the expectations of our clients and communities
- Providing an environment in which all employees can excel and achieve personal growth
- Promote teamwork and a cooperative working relationship
- Managing resources to ensure financial security and integrity
- Empowerment of people by recognizing their worth, dignity, strengths, and ability to make informed decisions
- Delivering services at the earliest possible time to prevent or reduce traumatic interventions in the person's future
- Promoting the participation of all people in the life of the community and this should not be diminished by the presence of any kind or level of mental illness, mental retardation, or alcohol and any other drug dependence
- Promoting the traditions of community service
- Enhancing partnership with Alabama Council of Community Mental Health Boards and the Alabama Department of Mental Health and other agencies with complementary goals

I. Plan Development

1. Planning Cycle

Every two years in accordance with the Department of Mental Health Administrative Code – Administrative Standards for 310 Boards, Northwest Alabama Mental Health Center's Board of Directors develop and adopt a plan of services. This plan specifies the type, the quantity and location of services to be provided to the populations defined by DMH as Seriously Mentally Ill Adults/Elderly (SMI), Severely Emotionally Disturbed Children & Adolescents (SED), Intellectually Disabled (ID), and /or those in need of substance abuse Prevention and/or Treatment (SA)

2. Roles of Key Stakeholders

Northwest's Board of Directors solicits and obtains information through participation in regularly scheduled meetings and/or surveys with a wide range of key stakeholders. Using the information gathered from these meetings and surveys the Board identifies both met and unmet community mental health needs. The needs are prioritized by the Board, with key stakeholders impacted by the specific need having an opportunity to provide feedback. Because of the widely diverse group of stakeholders the Board's plan is reflective of the community as a whole. Stakeholders are also solicited regarding the development and sharing of resources to meet identified needs.

Current active key stakeholders of Northwest include but are not limited to the following:

Recipients of Services

Consumers will be defined as individuals or families, adult or children. All citizens of the catchment area are eligible for service, regardless of ability to pay or disability. Sliding scale fees apply.

State of Alabama Agencies

- Alabama Medicaid Agency
- Alabama Department of Human Resources -
Fayette, Lamar, Marion, Walker and Winston Counties
- Alabama Department of Mental Health
- Alabama Department of Veterans Affairs
- Alabama Department of Youth Services
- Alabama Department of Rehabilitation Services
- Alabama Public Health Departments –
Fayette, Lamar, Marion, Walker and Winston Counties
- Alabama Department of Transportation

Community Agencies and Advocacy Groups

- Capstone Rural Health Program, University of Alabama and Parrish Rural Health Clinic – “FQHC”
- Alabama Head Injury Foundation
- Area Agency on Aging
- Children's Advocacy Center
- Children's Policy Council – Walker County
- Coalition of Alzheimer's and Related Disorders (C.A.R.D.)
- Facilitation/Multi-Needs Teams
- Walker County Non-Profits Board
- NAMI – Winston and (2011) Jasper
- North Alabama Council of Local Governments (NACOLG)
- Retired Senior Volunteer Program (R.S.V.P.)
- Salvation Army
- Social Security Administration

Jasper Area Family Services Center, Inc.
Daybreak (shelter), Jasper
Community Corrections
Court Referral Programs/Officers
AA/Alanon/NA/Ca, all counties
Ministerial Associations
Safe and Drug-Free Schools
“Head Start” in all Counties
West Alabama Regional Commission

Northwest Board Governing Bodies

Fayette County Commission and City of Fayette, City of Berry
Lamar County Commission and City of Vernon, City of Sulligent
Marion County Commission and City of Hamilton, City of Winfield
Walker County Commission and City of Jasper
Winston County Commission and City of Haleyville, City of Double Springs

Hospitals (Psychiatric /Medical)

Bryce Hospital, Tuscaloosa -- MI Region II
Mary Starke Harper Geriatric Psychiatry Center, Tuscaloosa
North Alabama Regional Hospital, Decatur -- MI Region I
Walker Baptist Medical Center, Behavioral Medicine Unit (BMU)
All Community Hospitals in Fayette, Lamar, Marion, Walker, Winston Counties

Legal Authorities

Juvenile Court Judges - Fayette, Lamar, Marion, Walker, Winston Counties
Juvenile Probation - Fayette, Lamar, Marion, Walker, Winston Counties
Probate Judges - Fayette, Lamar, Marion, Walker, Winston Counties
District and City Judges- Fayette, Lamar, Marion, Walker, Winston Counties
Circuit Court Judges- Fayette, Lamar, Marion, Walker, Winston Counties

Intellectual Disabilities

ARC of Fayette and Lamar Counties
ARC of Walker County
Tri-County MR-DD -- serving Fayette, Lamar and Walker Counties
Winston Habilitation -- “Sunrise Center” (Supportive Employment)
Community Options -- Walker County (Day Habilitation & Residential Services)

Nursing Homes/Assisted Living Facilities

Fayette Medical Center and Long-Term Care -- DCH Fayette Medical Center
Lamar Long-Term Care -- Vernon, Alabama
Beverly Health Care Systems -- Winfield, Alabama
Hamilton Nursing Home -- Hamilton, Alabama
Carbon Hill Nursing Home -- Carbon Hill, Alabama
Ridgecrest Nursing Home -- Jasper, Alabama
Ridgeview Nursing Home - Jasper, Alabama
Shadescrest Nursing Home - Jasper, Alabama

Haleyville Nursing Home – Haleyville, Alabama
Hendrix Nursing Home - Double Springs, Alabama
All Area Assisted Living Facilities – Fayette, Lamar, Marion, Walker, Winston

Schools (Elementary, Middle and High School) All City and County Systems

Fayette County Board of Education
Lamar County Board of Education
Marion County Board of Education
Winston County Board of Education
Walker County Board of Education
Haleyville Board of Education
Jasper City Schools
Bevill Community College System: Fayette, Jasper, Hamilton, Sumiton Campuses
Winfield City Schools
Haleyville City Schools

3. Implementation Monitoring and Evaluation of Plan

The plan is developed for presentation and adoption by the Northwest Board of Directors by the Management Team of Northwest Alabama Mental Health Center under the direction of the Executive Director.

Implementation: Following Board adoption of the plan, the administrative and/or program service area responsible for implementation meets with key stakeholders to address the needs of the plan. As resources are realized, necessary actions are then taken to begin implementation through local, regional and state funding, SMART Planning Process (governor's office).

Monitoring: Monitoring of the two-year plan is done through Northwest's Performance Improvement Program. The results of the monitoring of the plan are reported to Northwest's Executive Board by the Executive Director's written monthly information reports and/or oral monitoring reports. Any additional information is also presented and recorded in the Executive Board minutes.

Evaluation: Evaluation is accomplished by feedback given from key stakeholders during the regularly scheduled meetings and surveys and QA summaries and findings. This information along with information gathered by Northwest's Performance Improvement Program, is then presented to the Board for discussion and use in future planning.

II. Plan Components

1. Population

- **Description of type of populations served:** (Adult and Children)
 Seriously Mentally Ill Adults (SMI)
 Seriously Emotionally Disturbed Children and Adolescents (SED)
 Substance Abuse Prevention and Treatment (SA)
 Intellectually Disabled (ID)

- Demographics of population by county, (also, see attachment)

Population of Northwest counties by Race 2000 Census

<u>County</u>	<u>Total</u>	<u>%white</u>	<u>%black</u>	<u>%other</u>
Fayette	18,495	86.9	11.9	1.2
Lamar	15,904	86.9	12.0	1.1
Marion	31,214	94.8	3.6	1.6
Walker	70,713	92.2	6.2	1.6
Winston	24,843	97.3	0.4	2.3

Northwest Consumers (2009), includes only open cases

Under age 18 years	...	1180
Age 18 years and over	...	3028
		** 4208

** number includes 272 residential beds/consumers seen daily

2. Community Needs/Service Priorities

a. How needs are assessed:

Annually information is obtained from regularly scheduled meetings with stakeholders regarding community needs/services, and is reviewed by the Northwest Alabama Mental Health Center's Management Team, the Executive Committee of the Northwest Center's Board of Directors, and compared with the adopted Mission Statement, Vision and Beliefs.

Accessibility to Services:

- Citizens of Northwest come from diverse backgrounds and experience varied mental health needs of the community. Organization-wide services will be coordinated to insure continuity with other community resources, without duplication of Child/Adolescent/Adult services.
- Our service delivery processes will be monitored to ensure they remain appropriate, effective and available in the changing healthcare environment, both financially and medically. While various treatment approaches are recognized, the primary approach of Northwest for non-seriously mentally ill consumers will be short-term, goal directed interventions. Coordination with PI/QA Committee and Consumer survey findings.
- Seriously mentally ill and substance abusing consumers will be provided levels of care which meet individual needs and are based on nationally established medically necessary criteria. All services will be evaluated for medical necessity and continue according to clinical judgments.

- Expressed and anticipated needs of consumers, families and referral sources will have primary consideration when designing services and establish policies and procedures. We will encourage feedback and respond appropriately.
- A formal performance improvement process in all areas (MI/ID/SA) will be maintained in order to assure that consumers receive the highest quality of services possible. Responsiveness at every level of the organization will be our goal.
- There will be an ongoing assessment of personnel policies to insure fair treatment of the individual employed. We will strive to see that our staff is well trained and well paid. Staff performance is superior will be recognized.
- The financial stability of Northwest must be of primary consideration; therefore, financially self-supporting program will be given priority. While we are committed to concern for the whole person, there is recognition that no one agency can be all things to all people. Therefore, we will limit our involvement at the point where it is determined we are not demonstrating or cannot demonstrate effectiveness.

b. Areas of Focus and unmet needs:

- Development and coordination of community programs; in the area of Domestic Violence, DUI, Anger Management, Parenting, Defensive Driving, etc. Providing professional services for mandated treatment.
- Government financial assistance in the area of rate adjustments for Telecommunication/Telemedicine project at NW. This project shows promise in providing direct consumer care and promoting positive consultation and education efforts.
- Enhancing and Developing Children's services; Day and Evening programming.
- Pursuant to Committee recommendations, development of Geriatric/family assistance. Educational opportunities for staff.
- Facility management; maintenance and renovations.
- Comprehensive array of residential care to meet individual consumers level of need; from Specialized Behavioral to single occupancy apartments, and monitored as needed.
- Full-time Child/Adolescent and Adult Psychiatrist recruitment by Executive and Clinical Director. Contractual agreements with private recruiters being evaluated, as needed.
- Telemedicine Advancements: Broadband connection at seven locations completed.
- Maintain collaborative efforts in access to treatment with personalization to specific diagnosis and location of service.

- Transportation.. Coordination with State/Local divisions to maintain Elderly/Disabled Transportation, Section 5310. Access to health services.

3. Description of Services/Supports provided and needed expansions:

Prioritizing the above areas notes a time-line to meet associated with developing outpatient rural telecommunication for NW. ADECA, the Birmingham Regional Planning Office, Alabama Department of Public Health and other individuals are working closely with NWAMHC. FCC-USAC awarded funding for broadband connectivity; Contractor, Jack Wright. Coordination of services with University of Alabama, Rural Health Services; telemedicine/consultations.

4. Resource Development and Allocation-Current and future funding resources for planned expanded capacity.

- FCC/USAC has awarded the NWAMHC a grant to develop a Broadband Connectivity system of telecommunication/communication between our county offices. The amount of this award and the contributions of equipment, in hand, from Regional Planning Agency has NWAMHC on hold, but optimistic about the future and potential benefits.
- NWAMHC applied for a HCOF grant and Congressman Aderholt provided funding directive for an ID project to meet ADA compliance for bathrooms and offices for education counselor and nurses. The remainder of expense, in the almost \$200,000 project, will be managed by the revenue generated in services and contracts.
- Enhance special programs, in all counties, focusing on court ordered treatment and identified areas of need. Examples of unresolved cases in areas of domestic violence, DUI, parenting education, etc. are commonplace. Judges, CRO's, and JPO's are requesting a continuation of noted programs and expanded agendas. The NWAMHC is determined to coordinate these plans with collateral agents.
- Center purchased Adult MI Residential-Specialized Behavioral: Hamilton 16 Bed, previously an assisted living facility
- Purchased for renovation and development 14,000 sq ft facility for Children's Services Assessment/ Treatment in Lamar County. Plans to increase Children's and Adolescent Services, identify needs with schools, courts, and other referral agents by direct committee surveys. 2009 Board approved, Architectural Assistance by Jim Berry, Fayette, Alabama, and Life Safety and Technical Assistance for June 2010 Grand Opening.

III.

Goals and Objectives:

1. Goal: Complete a Telecommunication Project (Designated offices throughout NWAMHC area with access)

Objective: To provide convenient, cost saving, quick response Psychiatric consultation/education and direct consumer care. Face to face direct service will be made via telecommunication by wireless technology. Multiple sites will be accessible at once or by confidential face-to-face manner. Financial reimbursement by Medicare/Medicaid will be helpful to offset expense in operations. Rewards will be seen in travel, less down time (or away time) for direct service providers. This advance in technology will open the doors for future gain.

2. Goal/Objective: The NWAMHC offers afterhours programs for court ordered defendants in only three locations in our five county catchment area. Northwest proposed new directions for our center by adding a position to coordinate with the courts a regimen of treatment after hours. Specific planning and course outlines will be developed. Direct plans will be implemented and staff recruited and trained in each directive: DUI, DDU, Domestic Violence and/or Anger Management, Parenting classes. Client fees will pay for this much needed service. Ongoing assessments of this initiative will be shared with the Management team and Program Directors in each county.
3. Future plans include maintaining/increasing funding and resources available for specialized transportation to meet needs of Northwest consumers' medical, nutrition, education, employment, social/recreation, and shopping/personal needs. Preparing for the possibility of cuts in State and Federal funding.